

PART B - FEE(S) TRANSMITTAL



Complete and send this form, together with applicable fee(s), to: Mail

Mail Stop ISSUE FEE Commissioner for Patents P.O. Box 1450 Alexandria, Virginia 22313-1450 (571) 273-2885

or <u>Fax</u>

INSTRUCTIONS: This form should be used for transmitting the ISSUE FEE and PUBLICATION FEE (if required). Blocks 1 through 5 should be empleted where appropriate. All further correspondence including the Patent, advance orders and notification of maintenance fees will be mailed to the current correspondence address as indicated unless corrected below or directed otherwise in Block 1, by (a) specifying a new correspondence address; and/or (b) indicating a separate "FEE ADDRESS" for maintenance fee notifications.

maintenance fee notificatio							
	CE ADDRESS (Note: Use Block 1 for 590 09/30/2005	r any change of address)	Note: A certificate of mailing can only be used for domestic mailings of the Fee(s) Transmittal. This certificate cannot be used for any other accompanying papers. Each additional paper, such as an assignment or formal drawing, must have its own certificate of mailing or transmission.				
CU	STOMER N	_		Ce I hereby certify that it States Postal Service addressed to the Matransmitted to the USF	rtificate of Mailing or Transhis Fee(s) Transmittal is bein with sufficient postage for fir il Stop ISSUE FEE address PTO (571) 273-2885, on the	smission g deposited with the Unite st class mail in an envelop above, or being facsimil date indicated below.	
	22850)				(Depositor's name)	
	22000	•)			(Signature)	
		•				(Date)	
APPLICATION NO.	FILING DATE		FIRST NAMED INV	/ENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.	
09/745,546	12/26/2000	<u> </u>	Ichiro Okaji	ma	201339US2	8730	
TITLE OF INVENTION: V. 1/08/2005 RBEYENE2 000		NFIGURING METI					
FC:1501	1400.00 OP						
·C:15@PPLN. TYPE	SMALL ÉNTIFY UP	ISSUE FI	EE	PUBLICATION FEE	TOTAL FEE(S) DUE	DATE DUE	
nonprovisional	NO	\$1400)	\$300	\$1700	12/30/2005	
EXAMINER		ART UNIT		CLASS-SUBCLASS]		
ENG, GEORGE		2643	43 709-223000		-		
1. Change of correspondence address or indication of "Fee Address" CFR 1.363). Change of correspondence address (or Change of Correspond Address form PTO/SB/122) attached. "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Custo Number is required.			(1) the names or agents OR, a (2) the name o registered attor 2 registered pa	2. For printing on the patent front page, list (1) the names of up to 3 registered patent attorneys or agents OR, alternatively, (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed. OBLON, SPIVAK, MCCLELLAND, MAIER			
3. ASSIGNEE NAME AND PLEASE NOTE: Unless recordation as set forth in (A) NAME OF ASSIGN	s an assignee is identified I n 37 CFR 3.11. Completion	pelow, no assignee of this form is NOT	data will appear of a substitute for f	• • •	nee is identified below, the output	locument has been filed f	
NTT DoCoMo, Inc.			Tokyo, JAPAN				
Please check the appropriate	e assignee category or categ	ories (will not be pri	inted on the natent) : D Individual 🖾 C	Corporation or other private gr	our entity Governmen	
4a. The following fee(s) are Issue Fee		4b	Payment of Fee(A check in the	·	nclosed.		
Advance Order - # o	f Copies			is hereby authorized by c Number <u>15-0030</u>	charge the required fee(s), or (enclose an extra c	credit any overpayment, copy of this form).	
5. Change in Entity Status a. Applicant claims S	s (from status indicated above MALL ENTITY status. See	,	☐ b. Applicant i	s no longer claiming SMA	LL ENTITY status. See 37 C	FR 1.27(g)(2).	
The Director of the USPTO NOTE: The Issue Fee and F interest as shown by the rec	is requested to apply the Ise Publication Fee (if required) ords of the United States Pa	sue Fee and Publicat will not be accepted tent and Trademark	tion Fee (if any) or I from anyone oth Office.	to re-apply any previous or than the applicant; a reg	ly paid issue fee to the application is tered attorney or agent; or t	ation identified above. he assignee or other party	
Authorized Signature	Joseph Scaf	tte fr.		Date	DEC 0 6 2		
Typed or printed name	/ Seph Scafett			Registration			
This collection of informati	on is required by 37 CFR 1.	311. The information	n is required to ob	tain or retain a benefit by	the public which is to file (an	d by the USPTO to process	

an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, Virginia 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, Virginia 22313-1450.

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.